QUALITY CONTROL FIELD AUDIT CORRECTIVE ACTION REPORT
Nevada Power Company Reid Gardner Station
Nevada Division of Environmental Protections
AOC No. _____

Property ID: _____ **Stanley Consultants, Inc.**
Property Name: _____
Auditor Name: _____ Title: _____
Signature: _____ Date/Time: _____

Activity Audited (Give specific QAPP, SAP, or SOP reference): _____

Position/Name With Immediate Responsibility for Compliance: _____
Check As Appropriate

☐ Field Activity ☐ Management Activity ☐ File/Record Activity

☐ Found Compliant ☐ Found Non-Compliant ☐ Corrected Activity

Describe Briefly: _____

Corrective Action Response (Describe in detail the remedy, including response consistent with Stanley Consultants, Inc. Management Manual for reporting. Use back if needed):

Reported To: _____ Date/Time: _____
Project Title: _____ Response ID: _____

Check As Appropriate

☐ Critical Measurement ☐ Data Loss or Can Not Be Reported
☐ Qualitative Measurement ☐ Entered Into Logbook

QUALITY CONTROL FIELD AUDIT CORRECTIVE ACTION REPORT
Nevada Power Company Reid Gardner Station
Nevada Division of Environmental Protections
AOC No. _____

Property ID: _____ **Stanley Consultants, Inc.**
Property Name: _____
Auditor Name: _____ Title: _____
Signature: _____ Date/Time: _____

System Failure (Describe in detail the departure from prescribed protocols established for this study. Reference section and subsection from the QAPP and the SAP. Use Back If Necessary):

Corrective Action Response (Describe in detail the remedy, including response consistent with Stanley Consultants Inc. Management Manual for reporting. Use Back If Needed):

Project Assessment (Render your opinion as to degree of damage the failure poses to the project and what contingent matters might need to be implemented [e.g. sample loss makes 90% completeness essential, inform drilling supervisor]. Use Back If Needed):

Reported To: _____ Date/Time: _____
Project Title: _____ Response ID: _____

Check As Appropriate

- ☐ Critical Measurement
- ☐ Qualitative Measurement
- ☐ Data Loss or Can Not Be Reported
- ☐ Entered Into Logbook

Advanced Technology Laboratories
3151-3153 W. Post Rd.
Las Vegas, NV 89118
Tel: (702) 307-2659 • Fax: (702) 307-2691

FOR LABORATORY USE ONLY

P.O. #: _____
Logged By: _____ Date: _____

Method of Transport: Client ☐ ATL ☐ CA OverN ☐ FedEx ☐ Other: _____

Sample Condition Upon Receipt
1. CHILLED Y ☐ N ☐ 4. SEALED Y ☐ N ☐
2. HEADSPACE (VOA) Y ☐ N ☐ 5. # OF SPLS MATCH COC Y ☐ N ☐
3. CONTAINER INTACT Y ☐ N ☐ 6. PRESERVED Y ☐ N ☐

Client: | Address: | Tel:
Attention: | City: State: Zip Code: | Fax:
Project Name: | Project #: | Sampler: (Printed Name) (Signature)
Glen Gesmundo

Relinquished by: (Signature and Printed Name) Date: Time: Received by: (Signature and Printed Name) Date: Time:
Relinquished by: (Signature and Printed Name) Date: Time: Received by: (Signature and Printed Name) Date: Time:
Relinquished by: (Signature and Printed Name) Date: Time: Received by: (Signature and Printed Name) Date: Time:

I hereby authorize ATL to perform the work indicated below:
Print Name Date
Signature

Send Report To:
Attn:
Co:
Addr:
City: State: Zip:

Bill To:
Attn:
Co:
Addr:
City: State: Zip:

Special Instructions/Comments:

Sample/Records - Archival & Disposal
Unless otherwise requested by client, all samples will be disposed 45 days after receipt and records will be disposed 1 year after submittal of final report.

Storage Fees (applies when storage is requested):
- Sample :$2.00 / sample /mo (after 45 days)
- Records: $1 /ATL workorder /mo (after 1 year)

Circle or Add Analysis(es) Requested

SPECIFY APPROPRIATE MATRIX

ITEM	LAB USE ONLY: Batch #: / Lab No.	Sample Description: Sample ID / Location	Date	Time	8081A (Pesticides)	8082 (PCB)	8260B (Volatiles)	8270C (BNA)	6010B (Total Metal)	8015B (GRO)	8015B (DRO)	8021 (BTEX)	TITLE 22 / CAM 17 (6010 / 7000)	SOIL	WATER	GROUND WATER	WASTEWATER	TAT	Container(s) #	Container(s) Type	PRESERVATION	REMARKS

QA/QC
RTNE ☐
CT ☐
SWRCB ☐ Logcode_____
OTHER _____

- TAT starts 8AM the following day if samples received after 3 PM

TAT: ☐ A = Overnight ≤ 24 hrs ☐ B = mergency ext Workday ☐ C = Critical 2 Workdays ☐ D = nt orkdays ☐ E = Routine 7 Workdays

Container Types: T=Tube V=VOA L=Liter P=Pint J=Jar B=Tedlar G=Glass P=Plastic M=Metal

Preservatives:
H=HCl N=HNO_3 S=H_2SO_4 C=4°C
Z=$Zn(AC)_2$ O=NaOH T=$Na_2S_2O_3$

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

Stanley Consultants Inc. 319-626-3990	CUSTODY SEAL	Project No.:	
		Date:	
		Time:	
		Sealed By:	

UTILITY LOCATE FORM

Project Name: _____ Locate Contact Date: _____

Project Number: _____

Site Contact: _____ Locate Meeting Date: _____

Phone Number: _____ Field Work Date: _____

Work Description: _____

One Call Contacted: Yes No

Utility Type	Phone Number	Contact Name	Date Notified	Confirmation Number
Electric				
Gas				
Telephone				
Cable TV				
Water				
Sewer				
Fiber Options				
Other				
Other				

Utility Locates Required: Yes No

Additional Action Required: _____

FIELD EQUIPMENT AND EXPENDABLES CHECKLIST

Project Name: _____ Date Out: _____
Project Number _____ Date In: _____
Personnel: _____

Quantity Out	Item (circle)	Quantity In
	Project File/Folder	
	Sampling Plan, Health & Safety Plan	
	Field Book & Sharpies	
	Contact Phone Numbers	
	Cell Phone, Charger	
	Camera, Charger	
	Lap Top Computer, Projector	
	First Aid Kit, Fire Extinguisher	
	Personnel Protection Equipment	
	Flame Ionization Detector, Photo Ionization Detector	
	Combustible Gas Indicator	
	Dosimeter/Radiation Meter	
	Conductivity/pH/Temperature/DO/TDS Meter	
	Calibration Gas, Standards, Kit	
	Water Level Indicator, Interface Probe	
	Drager Pump & Tubes	
	Data Logger, Pressure Transducers	
	Turbidity Meter	
	Flow Meter	
	Pumps, Tubing, Foot Values, Batteries	
	Generator, Fuel, Extension Cords	
	Bailers, Rope, Filters, Vacuum Pressure Pump	
	Well Keys, Locks, Wrenches, Hand Tools	
	Sample Containers, Labels, COCs	
	Bowls, Spatulas, Spoons, Trowels, Dipper	
	Packing Tape, Bubble Wrap, Peanuts	
	Coolers, Ice, Custody Seals, Shipping Airbills/Labels	
	Baggies, Aluminum Foil, Trash Bags, Paper Towels	
	Flash Light, Lantern, Batteries, Charger	
	Hand Auger, Shovel, Bolt Cutter	
	Axe, Hammer, Machete, Pick, Pry Bar, Saw	
	Flagging, Stakes, Marking Paint, Tape Measure	
	Survey Equipment, Radios, Binoculars	
	DI Water, DECON Fluids, Buckets, Brushes	
	Traffic Cones, Barricades, Caution Tape	
	Plastic Sheeting, Tarps, Duct Tape	
	Company/Rental Vehicle, Hotel, Plane Tickets	
	Sign Out Board, Voice & E-mail Message	
	Other:_____	

EQUIPMENT SIGN-OUT SHEET

Unit Name	Signed Out To	Project Name	Project Number	Date Out	Date In	Cleaned?		Problems? If So, What?
						Yes	No	

CALIBRATION LOG

Unit Name	Date Done	By Whom	Method Used	Repairs Needed

SOIL BORING LOG AND MONITORING WELL CONSTRUCTION DIAGRAM

Boring / Well Number:	Facility Name:	Facility Street Address:
Boring Depth (ft) X Diameter (in):		Drilling Method:
Certified Well Contractor Name: Registration Number:		Logged by:
Ground Surface Elevation (ASL):	Top of Casing Elevation (ASL):	
Date: Start Time:	Date: End Time:	UST Number / LUST Number

Depth (feet)	Well Construction Details	Blow Count if applicable	Sample No.	Sample Type*	Field Screening Results (PID / FID)	Rock Formations, Soil, Color and Classifications, Observations (moisture, odor, etc.) First column for USCS

* SS (split spoon) CS (continuous sampler) HSA (hollow stem auger)

Observations	Date:					
Water Levels (BGS)	Level:					
Static Water Level Symbol (v)	Time:					

GROUNDWATER SAMPLING FIELD DATA SHEET

Project Name: _____ Well Number: _____
Project Number: _____ Date: _____
Personnel: _____ Time: _____

Casing Material	Casing Diameter	Casing Stickup
Static Water Level	Well Depth	Saturated Thickness
Casing Volume	Purging Equipment	Sampling Equipment
Casing Headspace Reading	Clear Bailer Result	Sample Depth
Instrumentation Type	Weather Conditions	

Time	Casing Volumes	Gallons Purged	Temperature	pH	Conductivity	Comments

Remarks: _____

Sampled for: Sampled by:

VOCs	SVOCs	Metals	PCBs	Pesticides	TEH		

WELL SPECIFIC FIELD SHEET

Site Name:_____ Sampled By:_____ Date:_____

Weather Conditions:_____

Monitoring Well/Piezometer No.								
Protective Casing/Lid? Y/N								
Locked? Y/N								
Well/Piezometer Capped? Y/N								
Concrete Seal? Y/N								
Visual Damage? Y/N								
Standing Water or Litter? Y/N								
*Ground Elevation (M.S.L.)								
*Elevation of Well Top (M.S.L.)								
Inside Casing Diameter (inches)								
Depth to Water (feet)								
Depth of Well (feet)								
Volume of Water in Well (gallon)								
Turbidity Before Purging? Y/N								
Time Begin Purging								
Time Complete Purging								
Volume Purged (gallon)								
**Number of Volumes Purged?								
Depth to Water After Purging (feet)								
Purged Dry? Y/N								
Turbidity After Purging? Y/N								
Date of Sample Withdrawal								
Time of Sample Withdrawal								
Depth to Water Before Sampling								
Time of Field Analysis								
Field Temperature (°F)								
Field Specific Cond. (at 25°)								
Field pH								
Color/Odor								
Turbidity								
Ground Discoloration								
Sample Field Filtered? Y/N								
If stream sample, estimate depth and quantity flowing								

*Filled in prior to going into field
**Filled out after field data collection

Comments: _____

WATER-LEVEL MEASUREMENTS

Site Name			**Job#**		**Task#**		**Date**
Weather Conditions					**By**		
Monitoring Well/Piezometer No.	Protective Casing? Y/N	Well/Piezometer Locked? Y/N	Well/Piezometer Capped? Y/N	Concrete Seal Damaged? Y/N	Standing Water or Litter? Y/N	Depth to Water (feet)	Bottom of Well

FORM FOR
DOCUMENTATION OF SURFACE MONITORING POINT

Site Name_____ Permit No._____

Surface Monitoring Point No._____ Date_____

Name of Person filling out form_____

A. TYPE OF MONITORING POINT

Stream	_____	Open Tile	_____
Road Ditch	_____	Tile with Riser	_____
Drainage Ditch	_____	Other (describe)	_____

B. PURPOSE OF MONITORING POINT

Upstream	_____	Downstream	_____
Within Landfill	_____	Other (describe)	_____

C. SURVEYED LOCATION AND ELEVATION OF POINT
(± 0.5 ft. Horizontal, ± 0.01 ft. Vertical, MSL)

Specify corner of site_____
Distance and direction along boundary_____
Distance and direction from boundary to surface monitoring point_____

Benchmark Description_____
Benchmark Elevation_____

Elevation of:
Top of bank of stream or ditch_____
Bottom of stream or ditch_____
Top of open tile_____
Other (describe)_____

Name of Surveyor_____ Registration No._____

D. CONSTRUCTION DETAILS

Tile Diameter_____
Tile Material_____
Riser Length_____
Riser Diameter_____
Riser Material_____

Attach scale drawings, cross sectional and plan views, of the sampling point, showing distances and elevations.

NOTE: Attach 8-1/2" x 11" site plan showing locations of all surface and groundwater monitoring points.

(June - 1989) 542-1323

RESPIRATOR QUALITATIVE FIT-TEST RECORD

Name of Employee_____ Employee No

Position_____ Facility

Group_____ Tested By

Date_____ Test Location

INFORMATION ON RESPIRATOR ASSIGNED TO EMPLOYEE:

Manufacturer_____ Type_____ Model No.

Anticipated Use

TEST PROCEDURE CHECKOFF:

_____ No facial hair or seal interference.
_____ Respirator worn per manufacturer's instructions, and for a familiarization period.
_____ No leakage under mild face-piece pressure. (Employee exhales and blocks exhalation valve.) or,
_____ No leakage under face-piece vacuum. (Employee inhales and blocks the inhalation passage).
_____ Isoamyl acetate test atmosphere; or
_____ Irritant smoke.
_____ Open air test; or
_____ Chamber test.
_____ Normal breathing and no sensation
_____ Deep breathing and no sensation
_____ Turning head from side to side and no sensation
_____ Nodding head up and down and no sensation.
_____ Talking or jaw action and no sensation.
_____ Normal breathing again and no sensation.
_____ Breathing and exercise performance for two minutes in test atmosphere without sensation of in-leakage

I hereby attest that this qualitative fit-test was conducted according to accepted procedures, and to the best of my knowledge, the information and responses on this form are correct

Signature of Test Conductor

Stanley Consultants INC.

Field Data Record Ground Water

Project:	Project No.:	Date/Time:	Sheet ___ of ___
Contractor Personnel:		SGI Personnel:	

Sample No.: Well Location:

WELL INTEGRITY

	YES	NO
Protect. Casing Secure	☐	☐
Concrete Collar Intact	☐	☐
PVC Stick-up Intact	☐	☐
Well Cap Present	☐	☐
Security Lock Present	☐	☐

Protective Casing Stick-up _____ ft. (from ground)

Riser Stick-up (from ground) _____ ft.

WELL DIAMETER ☐ 2 inch ☐ 4 inch ☐ 6 inch ☐ ____

WELL MATERIAL ☐ PVC ☐ SS ☐ ___

Well Depth ____ ft. ☐ top of riser ☐ top of casing ☐ _____ ☐ measured ☐ historical

Water Depth ____ ft.

Height of Water Column ____ ft. x ☐ .16 gal/ft (2 in.) ☐ .65 gal/ft (4 in.) ☐ 1.5 gal/ft (6 in.) ☐ __ gal/ft (__ in.)

Volume of Water in Well = _____ gallon(s)

[Vol. = $r^2h(0.163)$] _____ Total gallons to purge

PID SCREENING MEAS.

Background	
Well Mouth	

FIELD WATER QUALITY MEASUREMENTS

Purge Volume (gal)							
pH (Std. Units)							
Eh (millivolts)							
Conduct. (µmhos/cm)							
Temp. (C)							
Turb. (NTU)							
DO (mg/l)							

Sample Description

Clear ☐ Turbid ☐

Color _____

Odor _____

Other _____

SAMPLE EQUIP./DECON.	PURGE	SAMPLE
Peristaltic Pump	☐	☐
Submersible Pump	☐	☐
Bailer	☐	☐
Waterra	☐	☐
PVC/Silicon Tubing	☐	☐
Teflon/Silicon Tubing	☐	☐
Air Lift	☐	☐
In-line Filter	☐	☐
Pressure Vacuum Filter	☐	☐
Measuring Tape	☐	☐
_____	☐	☐

EQUIPMENT ID

_____

_____

_____

_____

DESCRIPTION OF DECON. PROC.

DECON. FLUID USED	
Tap Water	☐
Alconox	☐
Tap Water	☐
HNO_3 (1 or 10%)	☐
Tap Water	☐
Methanol	☐
Hexane	☐
Acetone	☐
Air Dry	☐
DI Water	☐
Air Dry	☐
None	☐

ANALYTICAL PARAMETERS	Filtered (circle)	Preservation Method	Volume Required	Time of Collection	CLP Sample #	CLP Case #
☐ TCL Volatiles	YES NO	4° C	2x40 mL			
☐ BNA Extractables	YES NO	4° C	4x1 L Amb GL			
☐ PCBs/Pesticides	YES NO	4° C				
☐ TAL Metals	YES NO	HNO_3/4° C	1 L PL			
☐ Cyanide	YES NO	NaOH/4° C	1 L PL			
☐ _____	YES NO					

Signed: _____

Stanley Consultants INC

Sample Log Sheet

Project:	Project No.:	Date/Time:	Sheet ___ of ___
Contractor Personnel:		SGI Personnel:	

Sample No.: _____

Depth/Interval Sampled: _____

Sample Type: Grab, Composite or Both (circle)

Media: (circle) Surface Soil, Subsurface Soil, Other _____, Sediment, Surface Water, Ground Water

Sketch of Sample Location

Field Screening Information:

Type of Meter:

Other Field Measurements:

Observations:

SAMPLE COLLECTION EQUIPMENT:

Hand Auger	☐	Trowel	☐
Core Sampler	☐	Shelby Tube	☐
Spatula/Spoon	☐	Dredge Sampler	☐
Bowl (stainless)	☐	Kemmerer	☐
Split-spoon (2" or 3")	☐	Extended Arm	☐
OTHER:		Bailer	☐
		Backhoe	☐
		Van Dorn Bottle	☐

DECONTAMINATION PROCEDURE:

DECON. FLUID	USED	DESCRIPTION:
Tap water	☐	
Alconox	☐	
Tap water	☐	
HNO_3 (1 or10%)	☐	
Tap Water	☐	
Methanol	☐	
Hexane	☐	
Acetone	☐	
Air Dry	☐	
DI Water	☐	
Air Dry	☐	
None	☐	

ANALYTICAL PARAMETERS	Filtered (circle)	Preservation Method	Volume Required	Time of Collection	CLP Sample	CLP Case#
☐ TCL Volatiles	YES NO					
☐ BNA Extractables	YES NO					
☐ PCBs/Pesticides	YES NO					
☐ TAL Metals	YES NO					
☐ Cyanide	YES NO					
☐ _____	YES NO					

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Rev: 8 July 1991

Signed: _____

Stanley Consultants INC.

Screened-Auger Sampling Data

Project:	Project No.:	Date:	Sheet ____ of ____
Area of Contamination:		SGI Personnel:	
Weather:			

Sample Number	Depth Below Water Table (feet)	Screened Interval (feet bgs)	Amount to be Purged (3 borehole volumes) (gallons)	Water Added During Purging (gallons)	Total Amount of Water Purged (gallon)	Data Sampled	Comments

AF-274

Stanley Consultants INC.

Pressure Test Form

Location | Boring no.

Project | Project no.

SGI Personnel

Contractor Personnel

Ground elev.: ______
Total depth: ______

Top of rock
Depth: ______

Flow meter no.: ______
Pressure gauge no.: ______

Water level
Depth: ______
Elev.: ______
Water pipe length: ______
Water pipe ID: ______

Test Interval
Depth: ______
Elev.: ______

Sheet __ of __

GAUGE PRESS. ______ | GAUGE PRESS. ______ | GAUGE PRESS. ______ | GAUGE PRESS. ______
PACKER INFL'T'N PRESS. ______ | PACKER INFL'T'N PRESS. ______ | PACKER INFL'T'N PRESS. ______ | PACKER INFL'T'N PRESS. ______

Elapsed Time (min.)	Flow Reading (gal.)	Δ Flow	Elapsed Time (min.)	Flow Reading (gal.)	Δ Flow	Elapsed Time (min.)	Flow Reading (gal.)	Δ Flow	Elapsed Time (min.)	Flow Reading (gal.)	Δ Flow

Test Configuration - Fill Out Back

Remarks:

Single ☐
Double ☐

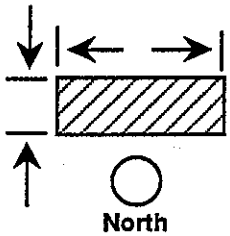
Stanley Consultants INC.

Test Pit Log

	Project: Project No.:	Date/Time:	Sheet ___ of ___
	Contractor Personnel:	SGI Personnel:	
Equipment/Contractor Used:	Location:	Test Pit Number:	
Reach/Capacity:	Total Depth:	Piezometer Installed? Yes No	
Depth to Ground Water:	Weather:	Elevation: Top of Pit _____	

Depth	Sample Number	Stratigraphic Description	REMARKS:

TEST PIT PLAN



Vol. = _____ cu. yd.

PROPORTIONS USED

Trace (TR).	0 - 10%
Little (LI.)	10 - 20%
Some (SO.)	20 - 35%
And	35 - 50%

GRAIN SIZE

Boulder	>203 mm	>8 in.
Cobble	76 - 203 mm	3 - 8 in.
C. Gravel	19 - 76 mm	3/4 - 3 in.
F. Gravel	4.75 - 19 mm	3/16 - 3/4 in.
C. Sand	2.0 - 4.75 mm	5/64 - 3/16 in.
M. Sand	0.4 - 2.0 mm	1/64 - 5/64 in.
F. Sand	0.075 - 0.4 mm	
Silt	0.002 - 0.075 mm	
Clay	<0.002 mm	

Stanley Consultants INC

Rock Core Log

	Project: Project No.	Date/Time	Sheet ___ of ___
	Contractor Personnel:	SGI Personnel:	
Boring Well Number:	Driller/Equipment:	Elevation: ___ Orientation: ___ Time Start: ___ Time Finish: ___	

Depth	Comments Tests Instrumentation Coring Rate and Smoothness Coring Fluid Loss	Core Run Length and Recovery (%)	Core Loss Zone	Box Number	Discontinuities RQD	Fractures Per Foot	Description Tightness Planarity Smoothness Filling, Staining Orientation	Lithology Mineralogy Classification Color Grain Size Alteration Cementation Hardness Weathered State	Graphic Log

Stanley Consultants INC.

Field Activity Summary Sheet

Project: **Project No.:**		**Date:**	**Sheet ___ of ___**
Activity:		**SGI Personnel:**	
Weather:		**Contractor Personnel:**	

Summary:

Sketch:

Deviations from Contractor's Work Plan/EPA Procedures:

Photograph #	Roll ID	Description

Signed: _____

Rev: 8 July 1991

AF-205

Stanley Consultants INC.

A Stanley Group Company
Engineering, Environmental and Construction Services - Worldwide

Daily Report

Project Name	Project No.	Mon.	Tue.	Wed.	Thu.	Fri.

Day/Date _____ Weather/Temperature _____

Remarks _____

Crew No. 1
Contractor _____ Superintendent _____
Working Hours _____ to _____ No. of Men _____
Description of Work _____

Crew No. 2
Contractor _____ Superintendent _____
Working Hours _____ to _____ No. of Men _____
Description of Work _____

Crew No. 3
Contractor _____ Superintendent _____
Working Hours _____ to _____ No. of Men _____
Description of Work _____

By _____

Stanley Consultants INC.

Soil Gas Survey Data Summary Sheet/PID

Project:	Project No.:	Date/Time	Sheet ___ of ___
Contractor Personnel:		SGI Personnel:	

Weather Conditions: Barometric Pressure: Ambient Temperature: Precipitation Past 72 Hours (inches):	Method Description:	Calibration Procedure:
Instrument Make/Model:		

Sample Description			Instrument #1			Instrument #2		
Sample ID	Sample Depth (ft)	Soil Cover	Initial	Peak	Post 30 Sec.	Initial	Peak	Post 30 Sec.

Stanley Consultants INC.

Pump Test Data Sheet

Project:	Project No.:	Date/Time:	Sheet ___ of ___
Contractor Personnel:		SGI Personnel:	

Weather:

Well No.: _____ Pumping Well ☐ Observation Well ☐

Distance from Pumping Well: _____

Well Diameter: _____ Static Water Level: _____

Well Depth: _____

Screen Size: _____

Depth Top of Screen: _____ Depth Bottom of Screen: _____

Calculate Volume of Water in Pumping Well:
[VOL = $\prod r^2$ L x 7.48 gal/ft.^{3}]

Note: r = Radius (ft)
L = Length of Saturated zone in well (ft)

DISCHARGE INFORMATION:

Well Discharge Rate: _____

Discharge Rate Measurement Method: _____

_____

Was rate checked throughout test Y___ N___

If yes, note variations:

TEST DATA:

Time Drawdown Test Started: _____

Time Recovery Started: _____

Time Recovery Completed: _____

Elapsed Time: _____

Approximate distance and location of discharge outlet from observation/monitoring well: _____

_____

% Recovery Achieved: _____

DRAWDOWN MEASUREMENT INFORMATION:

Recording Method: _____

_____

Transducer Size (ex. 10 psi): _____

Transducer Depth: _____
(Allow Time for water level to equilibrate)

Data Logger Model: _____

Data Logger Test Number: _____

Recording Type: Linear _____ Log _____

Maximum Time Step: _____

Obtain Field Print of Data? Y _____ N _____

DIAGRAM OF PUMP TEST SET UP:

Comments:

Stanley Consultants INC.

Monitoring Well Construction Summary

Well No.
MW-

Project: _____ No.: _____

Client: _____ Date Completed: _____

Location: _____

Boring Contractor: _____ Method: _____

SGI Personnel: _____

Reference Elevation: _____

Elev. Ground Surface: _____

Depth to Ground Water: _____

Development Date: _____

Development Method: _____

Elevation top of protective casing: _____

Elevation of top riser pipe: _____

Stick-up of protective casing: _____

Stick-up of riser pipe: _____

Ground Elevation

Type of surface seal: _____

_____

I.D. of protective casing: _____

Type of protective casing: _____

_____

Depth bottom of protective casing _____

Riser pipe I.D. _____

Type of riser pipe: _____

_____

Borehole diameter: _____

Type of backfill: _____

_____

Elevation/depth top of seal: _____

Type and thickness of seal: _____

_____

Depth top of filter pack: _____

Elevation/Depth top of screen: _____

Type of screen: _____

Slot size: _____

I.D. of screen _____

Type of filter/sand pack: _____

_____

Elevation/depth bottom of screen: _____

Elevation/depth bottom of well: _____

Elevation/depth bottom of filter pack: _____

Type of backfill below observation well: ____

_____

Elevation/depth of borehole: _____

Generalized Stratigraphy and Water Level